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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709095** (4)

1. Corporation Name

FIRST CHURCH OF CHRIST, SCIENTIST, LAUDERDALE BY THE SEA, FLORIDA, INC.

Principal Place of Business

Mailing Address

**251 COMMERCIAL BLVD
LAUDERDALE-BY-THE-SEA FL 33308**

**251 COMMERCIAL BLVD
LAUDERDALE-BY-THE-SEA FL 33308-4442**

3. Date Incorporated or Qualified **06/07/1965** 3a. Date of Last Report **03/22/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number
59-2439260

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FINLAAYSON, CASIMIRA
101 ROYAL PARK DRIVE
SUITE 1-9
FORT LAUDERDALE FL 33309**

81 Name **RYAN, BARBARA**

82 Street Address (P.O. Box Number is Not Acceptable)
3300 NE 36 ST. #1002

83

84 City **FORT LAUDER DALE FL**

85 Zip Code
33308

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Barbara Ryan - BARBARA RYAN - VCD -

MARCH 15, 1997

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **CD FINLAYSON, CASIMIRA**
STREET ADDRESS **101 ROYAL PARK DRIVE #1-9**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE ☐ DELETE
NAME **VCD RYAN, BARBARA**
STREET ADDRESS **3300 NE 36 STREET #1002**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE ☒ DELETE
NAME **T O'NEAL, MAUREEN**
STREET ADDRESS **231 ARDEN CT. #2**
CITY-ST-ZIP **LAUDERDALE BY THE SEA FL 33308**

TITLE ☐ DELETE
NAME **D BIRES, DOROTHY**
STREET ADDRESS **5308 NW 49 WAY**
CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ DELETE
NAME **D WIRTH, CATHY**
STREET ADDRESS **267 ALGIERS AVENUE**
CITY-ST-ZIP **LAUDERDALE BY THE SEA FL**

TITLE ☒ DELETE
NAME **D FINLAYSON, CASIMIRA**
STREET ADDRESS **101 ROYAL PARK DR # 1-9**
CITY-ST-ZIP **FT LAUDERDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D HELEN GOLDEN**
1.3 STREET ADDRESS **1371 S OCEAN BLVD**
1.4 CITY-ST-ZIP **POMPAHO BEACH, FL 33062**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **T VALERIE MACHADO**
3.3 STREET ADDRESS **6181 NW 57ST #205**
3.4 CITY-ST-ZIP **TAMARAC, FL 33319**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **S GINGER DONNELLY**
6.3 STREET ADDRESS **818 HARBOR INN DR. BLDG. #6**
6.4 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Valerie Machado* **Valerie Machado**

2-3-97

(954) 720-3389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0034198**

CR2E037 (9/96)